HARASSMENT/DISCRIMINATION INVESTIGATION COMPLAINT AND CONSENT FORM

Washington County maintains a policy that all of its employees should be free from any form of harassment and discrimination. As part of that policy, the Sheriff's Office is committed to investigating claims of harassment and discrimination and taking appropriate disciplinary or other actions when the facts show that harassment or discrimination has occurred. For the Washington County Sheriff's Office to conduct an investigation of your concerns, please complete and submit this form to the Colonel.

Complainant's Name: Deputy A. Wilbraham Date: 6/1/23

I wish to file a complaint regarding the following event(s): Deputy Moschel possibly sending videos/photographs of a sexual encounter to other Deputies @ WCSO. Offizer Daveler made the situation known to me by telling me via text message that she got told from an unnamed Deputy @ WCSO that videos and/or photos were sent.

Provide any and all information pertinent to what has occurred, including the names of witnesses, events, dates, times, places, and what was said and done. Attach additional sheets if necessary.

I, Deputy A. Wilbraham, hereby consent to the Washington County's Sheriff's Office conduct of a complete and thorough investigation of the above complaint. I further authorize Sheriff's Office and/or Washington County representatives to disclose to others, as necessary, on a need-to-know basis, and as required by law, certain of the information that I have provided or that I may provide in the future. I understand that disclosure of certain information that I have provided on this form or in the future may be necessary to ensure that a complete investigation can be conducted. I acknowledge that I have read and understand the contents of this consent statement.

11150 6/1/23

Complainant's Signature Date

If you do not wish for the Sheriff's Office and/or Washington County to disclose certain information that you have provided, please specify that information in detail below. The Agency and/or County will attempt to honor your request to an extent that is consistent with the Sheriff's Office / County's obligation to identify and correct instances of harassment and discrimination.

By signing this form, I acknowledge that the information I have provided is true and accurate to the best of my knowledge and recollection. I agree to fully and honestly cooperate with the investigation that the County will conduct as a result of this complaint.

Wilbraham 6/1/23

Complainant's Signature Date

X58 (3-30-23)